

Temporary Continuation of Coverage (TCC) Premium Rates for the District Employees Health Benefit Plan

Premium rates listed below are for employees hired on or after 10/01/1987 and paid bi-weekly for 26 pay periods.

AETNA HEALTHCARE HMO

TYPE	ENROLLMENT CODE	2010 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self	HM1	\$436.50	\$8.73	\$445.23
Family	HM2	\$1134.90	\$22.70	\$1157.60
DP Self	HM3	\$436.90	\$8.73	\$445.23
DP Family	HM4	\$1134.90	\$22.70	\$1157.60

AETNA PPO PLAN

TYPE	ENROLLMENT CODE	2010 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self	AP1	\$598.00	\$11.96	\$609.96
Family	AP2	\$1560.78	\$31.22	\$1592.00
DP Self	AP3	\$598.00	\$11.96	\$609.96
DP Family	AP4	\$1560.78	\$31.22	\$1592.00

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2010 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self-Only	KP1	\$390.86	\$7.82	\$398.68
Family	KP2	\$1016.23	\$20.32	\$1036.55
DP Self	KP3	\$390.86	\$7.82	\$398.68
DP Family	KP4	\$1016.23	\$20.32	\$1036.55

UNITED HEALTHCARE HMO

TYPE	ENROLLMENT CODE	2010 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self-Only	MD1	\$360.58	\$7.21	\$367.79
Family	MD2	\$935.42	\$18.71	\$954.13
DP Self	MD3	\$360.58	\$7.21	\$367.79
DP Family	MD4	\$935.42	\$18.71	\$954.13

UNITED HEALTHCARE POINT OF SERVICE

TYPE	ENROLLMENT CODE	2010 PREMIUM MONTHLY	ADMINISTRATIVE FEE	TOTAL MONTHLY PREMIUM
Self-Only	UP1	\$372.08	\$7.44	\$379.52
Family	UP2	\$965.19	\$19.30	\$984.49
DP Self	UP3	\$372.08	\$7.44	\$379.52
DP Family	UP4	\$965.19	\$19.30	\$984.49